



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Parks and Recreation



D.C. GOLDEN OLYMPICS 2010

ENTRY APPLICATION

Congratulations on taking the first step to being "Fit 4 Life" by completing an application to participate in the DC Department of Parks and Recreation's (DPR) 27th Annual DC Golden Olympics!

Dates of the 27th Annual Golden Olympics: May 3 - 7, 2010

Entry Deadline: Applications must be submitted to DPR by 5 pm, April 26, 2010

Registration can also be completed in the "Register for Programs" section of DPR's website, dpr.dc.gov.

If you require any assistance in completing this form or require accommodations for minor disabilities, please contact DPR Senior Services at (202) 664-7153.

Registration Information

Each entrant must complete an official registration form online, by mail, or in person at one of the identified DPR registrations centers. There is a registration fee of \$15 per athlete, which includes entrance fees and an official t-shirt. **Bowling and Golf fees are not included.**

Personal Information

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street) (Zip)

TELEPHONE: _____ D.O.B. _____ AGE: _____ (As of May 3, 2010)

☐ MALE

☐ FEMALE

AGE GROUP:

☐ 50 - 54

☐ 55 - 59

☐ 60 - 64

☐ 65 - 69

☐ 70 - 74

☐ 75 - 79

☐ 80 - 84

☐ 85 - 89

☐ 90+

Fees

PARTICIPANT ENTRY FEE: \$15

PARTICIPANT T-SHIRT SIZE

☐ MEDIUM

☐ LARGE

☐ X-LARGE

☐ XX-LARGE

☐ XXX-LARGE



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ADDITIONAL T-SHIRTS

\$5 per t-shirt: _____ (number of shirts) x \$5 = Total \$ _____

☐ MEDIUM ☐ LARGE ☐ X-LARGE ☐ XX-LARGE ☐ XXX-LARGE

CLOSING AWARDS CEREMONY

Participating athletes will not be charged for the closing ceremony dinner.
 However, all other guests will be required to pay an \$8.00 dining fee.

GUESTS

\$8 per guest: _____ (number of guests) x \$8 = Total \$ _____

TOTAL FEES: \$ _____

There will be no refunds.

Checks/Money orders Only

Make Checks Payable To:
 D.C. TREASURER

Mail To:
 DC Golden Olympics 2010
 DC Parks and Recreation
 Senior Services Division
 1480 Girard Street N.W.
 Suite 420
 Washington, D.C. 20009

Event Registration

Please retain a list of all events entered.

TRACK EVENTS

- ☐ FUN WALK (1 MILE)
 - ☐ 50 METER DASH
 - ☐ 100 METER
 - ☐ 200 METER DASH
 - ☐ 400 METER DASH
 - ☐ 800 METER DASH
 - ☐ 1500 METER RUN
 - ☐ 5K RUN
 - ☐ 10K RUN
 - ☐ 1500 METER RACE WALK
- (proper race technique is required)**

SWIMMING EVENTS

- ☐ 25 METER FREESTYLE
- ☐ 25 METER BREASTSTROKE
- ☐ 25 METER BACKSTROKE
- ☐ 25 METER BUTTERFLY
- ☐ 50 METER FREESTYLE
- ☐ 50 METER BREASTSTROKE
- ☐ 50 METER BACKSTROKE
- ☐ 50 METER BUTTERFLY
- ☐ 100 METER FREESTYLE
- ☐ 100 METER BREASTSTROKE
- ☐ 100 METER BACKSTROKE
- ☐ 100 METER BUTTERFLY
- ☐ 100 METER INDIVIDUAL MEDLEY

FIELD EVENTS

- ☐ SOFTBALL THROW
- ☐ FOOTBALL THROW

- ☐ SHOT PUT
- ☐ LONG JUMP

NOTE: ALL TRACK AND FIELD EVENTS WILL BE HELD AT COOLIDGE SENIOR HIGH SCHOOL, 6315 5th Street, NW.

ARCHERY

- ☐ 600/900 ROUND

TENNIS

- ☐ SINGLES
 - ☐ DOUBLES _____
- Partner's Name _____ & Age _____

BASKETBALL EVENTS

- ☐ BASKETBALL THROW/SPOT SHOT
- ☐ MIXED DOUBLES



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☐ 3 on 3 BASKETBALL Partner's Name _____ & Age _____
Team Name _____
(All team members must be registered)

BOWLING

☐ SINGLES
☐ DOUBLES Partner's Name _____ & Age _____
☐ MIXED DOUBLES Partner's Name _____ & Age _____

NOTE: THERE IS AN ADDITIONAL FEE FOR ALL BOWLING EVENTS.

ADDITIONAL EVENTS

☐ HORSE SHOE TOSS ☐ TABLE TENNIS (Singles)
☐ GOLF CHIPPING EVENT ☐ 8-BALL POOL
☐ 18 HOLE GOLF TOURNAMENT (add \$27.00 fee)

Emergency Contact

Please provide information for an emergency contact.

Name – Contact 1 (_____) _____ - _____
Telephone – Contact 1

Name – Contact 2 (_____) _____ - _____
Telephone – Contact 2

Signature, Acknowledgement, and Waiver

You must sign this entry application. Read the following carefully before you sign.

IN CONSIDERATION OF THE GRANTING OF THE REQUEST TO ENTER THE GOLDEN OLYMPICS, I, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL PARTICIPATING SPONSORS FROM ALL CLAIMS OF DAMAGES, DEMANDS, ACTIONS WHATSOEVER IN ANY MANNER AS A RESULT OF MY PARTICIPATION IN SAID DISTRICT OF COLUMBIA GOLDEN OLYMPICS. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION OF THIS EVENT AND MY PHYSICAL CONDITION HAS BEEN VERIFIED BY A LICENSED MEDICAL DOCTOR.

Printed Name of Entry Applicant

Signature of Entry Applicant (Please sign in blue or black ink)

Date (Month/Day/Year)

Please submit the completed entry application with payment, prior to 5 pm on April 26, 2010 to:

2010 DC Golden Olympics
DC Parks and Recreation
1480 Girard Street, NW Suite 420
Washington, DC 20009